

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: LUMINESCENT METAL ION COMPLEXES

Attorney Docket Number:: 019079-001610US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ronald  
Middle Name:: M.  
Family Name:: Cook  
Name Suffix:: Ph.D.  
City of Residence:: Novato  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 7 Meadow Lane  
City of Mailing Address:: Novato  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94947

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Matt  
Middle Name::  
Family Name:: Lyttle  
Name Suffix::  
City of Residence:: Point Reyes Station  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 251 B Street  
City of Mailing Address:: Point Reyes Station  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94956

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mary  
Middle Name:: Katherine  
Family Name:: Johansson  
Name Suffix:: Ph.D.  
City of Residence:: El Cerrito  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 867 Seaview Drive  
City of Mailing Address:: El Cerrito  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94530

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/420,485	10/21/02

**Foreign Priority Information**

Country::

Application number::

Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::